

COMMISSIONERS
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SUPERINTENDENT
David Erickson

Treasurer
Wendy Graves

Sensitive Subgroup Rebate Form

Date Submitted: _____ (one submission per month per household)

Customer Information -- Account Number (12digits) _____

Full Name _____ Service Address: _____

Telephone: _____ Email Address: _____

Total amount of Receipts submitted (\$) _____ (maximum of \$20.00 per month)

TERMS AND CONDITIONS: PLEASE READ AND SIGN BELOW.

Grafton water residents who do not receive their own water bill must include proof of residency in a property served by the Grafton Water District (GWD) and include a copy of a current utility bill (electric, cable, phone, cellular, etc.) with their name and address, driver's license, or other identifying documents. A rebate check will be issued to those individuals within 6 – 8 weeks (i.e. renters, etc.)

Rebates received will be applied through the property service address listed on the rebate form. Rebates requests need to be submitted within 90 days from purchase date. GWD recommends purchasing water that is approved by the Commonwealth of Massachusetts DPH for sale and distribution in Massachusetts.

I certify under pains and penalties of perjury that either I, or a member of my household is a member of the Sensitive Subgroup (pregnant or nursing women, infants, (less than one year old), and people diagnosed by their health care provider to have a compromised immune system) and that the information I have provided is true and accurate. I acknowledge that I will be receiving this rebate (available on a first-come basis as funding allows) subject to approval of the board of water commissioners only until the GWD determines that this rebate is no longer applicable. I understand and acknowledge that participation in the GWD Sensitive Subgroup Bottled Water Rebate Program is voluntary and does not guarantee that I will not be exposed to PFAS from other sources and is not required by any law and regulation. If I should no longer need bottled water, or the number of eligible subgroup members in my household changes, I agree to contact GWD immediately to reflect the change in eligibility and/or corresponding rebate amount.

I have read, understand, and agree to the terms and conditions of this rebate program.

Signature of applicant

Date

For District Use Only **Date Application Received:** _____

Rebate Amount: \$ _____ Date Approved: _____ Date Denied: _____

Mail to: Bottled Water Rebate Program, Grafton Water District, P.O. Box 537, Grafton, MA 01519

Email to: Customerservice@graftonwaterdistrict.org

In person to: Grafton Water District, 44 Millbury St., Grafton, MA 01519